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22891 7590 12/22/2008

LAW OFFICE OF DELIO & PETERSON, LLC.
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/517,215	12/03/2004	Viktor F. Kibol	KIB0100001000	2581

TITLE OF INVENTION: METHOD FOR PRODUCING HIGH-SILICATE INORGANIC FIBERS OF ROCKS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/23/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEHGHAN, QUEENIE S	1791	065-474000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	 1 <u>DeLio & Peterson, LLC</u> 2 <u>Peter W. Peterson</u> 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Viktor F. Kibol; Roman V. Kibol;
Oleksandr B. Biland

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

all of Kiev, Ukraine

Suano Nakanoo; Fukaishi Takao of **Tokyo, Japan**

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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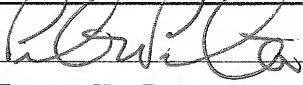
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **04-0566** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date 3/18/2009

Typed or printed name **Peter W. Peterson**

Registration No. 31,867

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